



DEPARTMENT OF EARLY LEARNING (DEL)
WORKING CONNECTIONS CHILD CARE (WCCC)
**PARENT/PROVIDER AGREEMENT FOR
A DISQUALIFIED PROVIDER**

LOCAL OFFICE

CASE NUMBER

DATE

IF YOU NEED TO WRITE SOMETHING RE: ADDRESS, DO IT HERE ONLY.

Dear Parent and Provider:

_____ has applied to be a relative provider with the Working Connections Child Care (WCCC) program. This provider has been disqualified because:

- An individual who lives in the provider's home has a disqualifying background; and
- The provider has indicated that the care of the WCCC child will occur in the provider's home (outside of the WCCC child's home). WAC 388-290-0160

This provider may, however, be eligible to provide care if:

- The above named relative provides care in the WCCC child's home.

In order for the department to consider approving the above named provider, you must sign and date this document certifying that:

- Care for the WCCC child will occur in the child's home; and
- The disqualified individual will not have access to the child during authorized WCCC hours. (WAC 388-290-0167)

I understand that the provider named above has been disqualified because:

- An individual who lives in the provider's home has a disqualifying background; and
- It was indicated that the care of the child will occur in the provider's home.

I also understand that the only way that this provider can be authorized to care for a WCCC child is if:

- Care for the WCCC child occurs in the child's home; and
- The disqualified individual does not have access to the child during authorized WCCC hours.

If the department becomes aware that the above conditions are not being met:

- We will terminate care without advance and adequate notice;
- You will need to find a different provider; and
- You (the parent), may be subject to an overpayment. (WAC 388-290-0167)

PARENT'S SIGNATURE

DATE

PROVIDER'S SIGNATURE

DATE

Please call the number below if you have any questions.

WORKER'S NAME

WORKER'S TELEPHONE/FAX NUMBER